

PROHIBITION AGAINST DISCRIMINATION, HARASSMENT AND RETALIATION
(Grievance Form)

Once completed, file this form with the compliance officer. If you have any questions or need assistance, contact the compliance officer at:

Assistant Superintendent, Support Services
998 Platte Falls Road, Platte City, MO 64079
816-858-5420
816-858-5593
gardnerr@platteco.k12.mo.us

Grievant's Contact Information

Name: _____ / _____ / _____
Address: _____
Phone Number(s): _____
School (if applicable): _____
Relationship to the District: Student Parent/Guardian Employee Other _____

Discrimination/Harassment/Retaliation Grievance (Use additional sheets if necessary.)

Please list all factual information you have regarding the alleged discrimination, harassment or retaliatory actions, as well as the reasons you believe these actions violate district policy. Be complete and use full names/titles, dates, exact locations and specific occurrences, if appropriate.

List the names of witnesses to the alleged misconduct.

List the names of any persons who may have been victims of this alleged discrimination/harassment/retaliation.

Have you brought your concern to the attention of a district employee or any other person? If so, list the names of those individuals: _____

What results are you seeking by filing this form?

I have read policy AC, including the time limits and other provisions governing the grievance process.

Signature of Grievant

Date

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: July 2012

Revised: July 3012

Platte County R-III School District
998 Platte Falls Road
Platte City, MO 64079